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Exosome Therapy Consent Form

Nature of Treatment

Exosome topical therapy has been explained to me. I understand that, like all cosmetic treatments, this procedure carries potential risks as well as possible benefits.

Exosomes are applied topically, typically following another procedure, to enhance the skin's regenerative response. I understand that:

- Results are **not permanent**.
- **Multiple sessions** may be recommended for optimal outcomes.
- Results may vary from person to person, depending on skin condition, health, and lifestyle.

Risks and Possible Side Effects

I acknowledge that possible side effects may include, but are not limited to:

- Mild redness or swelling
- Skin irritation or sensitivity
- Allergic reaction
- Other rare or unforeseen complications

These effects are generally temporary and short-lived.

Contra-indications

I understand that this treatment is **not appropriate** if I have:

- Open infections or compromised skin integrity
- Known allergies to any components of the treatment
- Any relevant medical conditions that I have not disclosed

I confirm that I have disclosed my complete medical history to my provider.

Additional Information

- I understand that I may also discuss the option of **injectable exosome therapy** for under-eye and full-face rejuvenation with my provider in the future.

- I understand the potential benefits, risks, expected outcomes, and the importance of following all post-treatment care instructions.

Acknowledgment and Consent

By signing below, I acknowledge that:

- I have read and fully understand the contents of this consent form.

- I have had the opportunity to ask questions, and all have been answered to my satisfaction.

- I consent to receive exosome topical therapy at Novus Studio.